

# DECATUR COUNTY HEALTH DEPARTMENT

801 N. LINCOLN  
GREENSBURG, INDIANA 47240  
(812) 663-8301

## VOLUNTEER APPLICATION

In the event of a major public health response to a major public outbreak of disease or natural disaster needing a public health response, we are asking for your help to provide assistance. Decatur County Department of Health is developing a contact list if the above events would occur in our community.

Please answer the following questions and/or provide necessary information. Thank you.

### Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Number of persons living in household (for meds distribution) \_\_\_\_\_

Emergency Contact Information (Name, phone #'s) \_\_\_\_\_

Describe any Restrictions (physical, medical) \_\_\_\_\_

### Skills and Qualifications

Fluency in Language(s) other than English: \_\_\_\_\_

Licenses/Professional Certifications: \_\_\_\_\_

Professional Background: \_\_\_\_\_

Education Background: \_\_\_\_\_

Computer Skills: \_\_\_\_\_

Prior or Current Volunteer Experience: \_\_\_\_\_

### Other Skills:

<input type="radio"/> Administrative/Secretarial	<input type="radio"/> Mental Health Counselor/Social Worker
<input type="radio"/> Accounting/Finance/Bookkeeping	<input type="radio"/> Management
<input type="radio"/> Civil Servant (Police, Firefighter)	<input type="radio"/> Technical
<input type="radio"/> Child Care	<input type="radio"/> Trade:
<input type="radio"/> Customer Service	<input type="radio"/> Transportation(professional truck/bus driver
<input type="radio"/> Food Service (help prepare & serve meals	<input type="radio"/> Other:
<input type="radio"/> Health Services (Physician, Dentist, Pharmacist, Nurse, EMT,CNA, QMA )	<input type="radio"/> NIMS Trained

The information you provide will be secured within the Decatur County Health Department and will not be shared with any other government or non-government agency without your expressed approval. This information will be utilized to provide volunteer staffing for a Health Department response to a county emergency or disaster.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE RETURN YOUR COMPLETED  
VOLUNTEER FORM TO:

DECATUR COUNTY DEPARTMENT OF HEALTH  
ATTENTION: PAM BLASDEL, PHC  
801 N. LINCOLN  
GREENSBURG, INDIANA 47240  
e-mail: [publichealth@decaturcounty.in.gov](mailto:publichealth@decaturcounty.in.gov)  
fax: (812)663-4174